PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

Application or Docket Number

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE		OTHER THAN		
TOTAL CLAIMS			19					RATE	FEE	7	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	355.00	OR	BASIC FEE	710.00
TOTAL CHARGEABLE CLAIMS			19 minus 20=		. 8			X\$ 9=		OR	X\$18≔	1/
INDEPENDENT CLAIMS			minus 3 =		P			X40=	 	1	X80≈	
MI	JÉTIPLE DEPE	NDENT CLAIM P	RESENT						-	OR		
* If the difference in column 1 is less than zero, enter "0" in column 2							'	+135=	1/_	OR	+270≈	4
CLAIMS AS AMENDED - PART II								TOTAL		OR	TOTAL	7/0
0	10/6/	(Column 1)	(Column 2) (Column 3)					SMALL	ENTITY	OR	OTHER SMALL I	1
¥		ČLAIMS FIEMAINING	₹ / / · / · · · · · · · · · · · · · · ·	HIGH NUM	EST BEA	PRESENT	1	DATE	ADDI-	1	0.75	ADDI-
AMENDMENT A		AFTER AMENDMENT		PREVIO PAID		EXTRA		RATE	TIONAL FEE		RATE	TIONAL FEE
	Total	. /	Minus	- 6	18)	= 0		X\$ 9=		ρR	X\$18=	
	Independent	1-1	Minus			= 3		X40=		OR	X80=	
	FIRST PRESE	NTATION OF MI	JLTIPLE DE	PENDENT	CLAIM			+135=	1	OR	+270=	
												/=
10/20/04 (Column 1) (Column 2) (Column 3)												
AMENDMENT B		CLAIMS REMAINING	\$	HIGHEST NUMBER		PRESENT	lſ		ADDI-	1		ADDI-
		AFTER AMENDMENT	6. 4.	PREVIO	USLY	EXTRA		RATE	TIONAL FEE		RATE	TIONAL FEE
	Total	$\cdot)$	Minus	.0	0	= 🔿		X\$ 9=		OR	X\$18=	()
	Independent	. /	Minus	•••	3	=0)	lt	X40=			X80=	
ant.	FIRST PRESENTATION OF MU		LTIPLE DEPENDENT		CLAIM	M				OR		
			•			÷	L	+135≃ TOTAL		OR	+270= YOTAL	
		A	DDIT. FEE		OR ,	ADDIT. FEE	2					
		(Column 1) CLAIMS	3	(Colum Highl		(Column 3)	-		1001			
MENTC		REMAINING AFTER AMENDMENT	1 }	PREVIO PAID F	USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
₹ 9	Total	•	Minus	••		=		X\$ 9=	166	OR	X\$18=	-156
AMEND	Independent	•	Minus	724		=	ŀ	X40=		ı	X80=	
	FIRST PRESE	NTATION OF ML	ILTIPLE DEF	ENDENT	CLAIM		-	770-		OR	70U=	
• #	If the entry in column 1 is less than the entry in column 2, write "0" in column 3,									OR	+270=	
ì	f the "Highest Nur	mber Previously Pa mber Previously Pa	id For IN THI:	S SPACE IS	less than	20, enter *20.*	A	TOTAL DDIT. FEE]	OR ,	TOTAL ADDIT, FEE	
		ber Previously Paid					r tour	nd in the app	ropriate box	in coli	umn 1.	
		-	ر د د د د د د د د د د د د د د د د د د د						بجدابات			

FORM PTO-875 (Nev. 6/00)

Palent and Trademark Office, U.S. DEPARTMENT OF COMMERCE